

Care Management Part 2

May 23, 2006



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Care Management Part 1

- ☐ Differences between managed care and waiver care management
- ☐ Tools/techniques to help care management teams balance quality, choice and cost
- ☐ MCO business and administrative systems and structure to support care management
- ☐ Importance of organizational commitment to the mission and values of person-centered long-term care



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What We Will Cover

- ☐ Building a Person-Centered Organization
- ☐ Building Interdisciplinary Teams
- ☐ Managing Transition



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Terms

- ☐ Members = Consumers = Participants
- ☐ MCO = CMO
- ☐ Lessons from Family Care and Partnership

<http://dhfs.wisconsin.gov/WIpartnership/Rep-App.htm>



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Person-Centered Planning

- ☐ What it is
- ☐ How it helps support member outcomes
- ☐ How it helps teams make cost-effective decisions
- ☐ How the culture and values within an organization support person-centeredness



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What is Person-Centered Planning?

- ☐ Focus is on the member's
 - Hopes and dreams
 - Expectations for a quality of life
 - Future



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Person-Centered Planning Identifies Consumer Outcomes

- Meaningful work or activity
- Recreation
- Relationships
- Spirituality
- A choice of living environment



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Person-Centered Planning Identifies

- Cost-effective supports for members' consumer outcomes
- Not what services are waiver allowable
- Not "maximizing Medicaid"



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Person-Centered Planning is Hard Work

- ☐ Outcomes do not come in a manual
- ☐ Finding outcomes requires active listening
- ☐ Looking beyond the core services within the existing service delivery system
- ☐ A shift in thinking from the current fee-for-service service delivery system



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Organizational Culture that Supports Person-Centeredness

- ☐ MCO Mission and Values
 - Commitment to know and seek to understand each person
 - Resolve to be of service to every member
- ☐ Effective MCO Leadership



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Benefits of Person-Centered Approach

- ❑ Cost savings achieved by
 - Providing services which truly support outcomes
 - Identifying cost-effective outcomes
- ❑ Better outcomes for members
 - Empowered members
 - Greater satisfaction with services and supports
 - Better health and long-term care outcomes



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Interdisciplinary Teams (IDT)



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Building Interdisciplinary Teams

- ☐ Purpose of IDT
- ☐ Developing and Supporting Teams



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Who is Part of the IDT?

- ☐ The member and their representatives
- ☐ Family Care
 - Social worker/Care manager
 - Registered Nurse (RN)
- ☐ Partnership
 - Social worker/Care manager
 - Registered Nurse (RN)
 - Nurse Practitioner
 - Physician
- ☐ Other disciplines as appropriate



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What Does the IDT Provide?

- ☐ The IDT supports members in achieving their individual outcomes AND their health or functional outcomes
- ☐ **Family Care – coordinates** the acute and primary health care services
- ☐ **Partnership - provides** all acute and primary health care services



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What is an Interdisciplinary Team?

- ☐ Brings together different perspectives and disciplines
- ☐ Interdependent and collaborative
- ☐ Uses integrated approach to planning and problem-solving
- ☐ IDT's are NOT multidisciplinary



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What Does the IDT Provide?

☐ Functions of the IDT

- Assessment
- Care planning
- On-going monitoring
- Evaluating progress of care plans
- Recertification (e.g., LTC Functional Screen)



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Benefits of Using an IDT

- ☐ Different perspectives foster creativity
- ☐ Shared “vision of success” for the member and responsibility for making it happen
- ☐ Comprehensive and cost-effective plan
- ☐ Communication and coordination within the team enhances ability to accomplish desired results of plan



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Developing and Supporting Teams

- ☐ Define roles and responsibilities of nurse and social worker
- ☐ Develop appreciation for different disciplines but integrate IDT practice using Person-Centered approach



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Developing and Supporting Teams

- ☐ Develop team processes for:
 - Communication
 - Sharing information
 - Decision-making
 - Contact with member
- ☐ Need tools and resources to support processes



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Organizational Impact

- ❑ The IDT has responsibility for decision-making and costs
- ❑ Nurses and social workers working in teams within MCO
 - Day to day operations and problem-solving
 - Part of quality management
- ❑ Teams NEED support of management



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Supporting Teams

- ❑ Transition can be hard...
 - Social workers may feel a sense of “personal loss” in this “new world”
- ❑ No easy answers...
 - Supervisors may be expected to have answers
 - Care managers may be frustrated that processes are not in place
 - Staff may not be feeling confident that they are performing their work as expected



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"Mr. Osborne, may I be excused? My brain is full."



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A typical care manager meeting....

New positions, new roles...

- ☐ New positions are developed
 - Provider network developer
 - Quality coordinator
 - Business manager
 - CMO manager
- ☐ Care managers do not understand their new roles, yet are expected to have good communication and teaming



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"Quality, quality, quality...."

- ☐ Quality improvement projects and trending data seems to be a lot of work
- ☐ Time consuming for care managers to collect information
- ☐ Care managers have no context for how quality improvement helps their members



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Change... "not only in my daily work, but also in my case load"

- ☐ In the waivers, case loads were consistent
- ☐ The wait list allowed only changes in case load when someone died or lost eligibility
- ☐ In the CMO, staff may have members transitioned to new staff and take several new members
- ☐ If enrollment is growing quickly, it may be difficult to hire and retain staff in a timely manner



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Outcome Based Planning...

- ☐ Outcome based planning is a new skill for staff to develop.
- ☐ It takes more time and it is NOT easy



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Lessons Learned to Reduce Tears and Fears...

- ☐ An organization must be outcome based before staff can understand the RAD and be cost effective
- ☐ "Choice in Family Care"
<http://dhfs.wisconsin.gov/LTCare/Partners/PDFs/choice.pdf>
- ☐ Staff will accept change if they feel part of the process. Keep staff involved and informed



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Lessons Learned to Reduce Tears and Fears... (con't)

- ☐ Work group attendees will be champions in following through with development and implementation of policies and procedures, quality improvement project, etc ...
- ☐ Be open with care managers in the beginning so they will expect that some changes that may not work out so well



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Lessons Learned to Reduce Tears and Fears... (con't)

- ☐ Everyone needs to understand, appreciate and respect roles. Don't allow staff to get into their "own camps."
- ☐ Celebrate and recognize accomplishments of any kind to create a sense of pride and quality



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Lessons Learned to Reduce Tears and Fears... (con't)

- ❑ Staff need to feel confident in their leadership but the “star” is the unity of the CMO
- ❑ Send the message early:
 - The CMO will have contract standards and quality measures for providers. We will hold ourselves to the same level of quality standards as as we hold our providers



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Lessons Learned to Reduce Tears and Fears... (con't)

- ❑ A weekly mandatory “Unit Meeting”
 - To discuss service coordination issues helps create consistency between teams
 - Team members create the agenda and facilitate the unit meeting
- ❑ A “Care Manager Meeting”
 - Facilitated by the supervisors
 - A time to present policies and procedures as well as program updates



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Lessons Learned to Reduce Tears and Fears... (con't)

- ❑ Create graphs to show the unit is meeting contract requirements
- ❑ Case loads need to be manageable so staff have time to develop their skills in this new world
- ❑ Supervisors need time to support, direct, hire, and train care managers
- ❑ Be aware of your day filling up with meetings around process development leaving little time to support staff



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Lessons Learned to Reduce Tears and Fears... (con't)

- ❑ 6.5 full-time care managers in 2000 serving 130 members
- ❑ 9.25 social care managers and 7 nurses serving 342 members in April 2006
- ❑ An orientation process should be developed to provide consistency and efficiency in training
- ❑ Supervisors need to be available to support staff in difficult meetings



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Lessons Learned to Reduce Tears and Fears... (con't)

- ☐ We are sure your organization will have its share of tears and fears
- ☐ Keep your staff informed and involved
- ☐ Set your standards high



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Lessons Learned to Reduce Tears and Fears... (con't)

- ☐ As hard as as these changes will be, social care managers and nurses will be listening and supporting ALL your elderly and disabled citizens



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Future Webcasts

- ☐ Quality Management – June 6
- ☐ Provider Network Development
- ☐ Business Systems
- ☐ Suggestions for future briefing topics welcome, please contact Elizabeth Childers at:

ChildEA@dhfs.state.wi.us



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Listserv

- ☐ A listserv for planning grantees and other members of the public interested in managed long-term care expansion has been deployed
- ☐ Sign up for the listserv at this website:
<http://dhfs.wisconsin.gov/ltcare/rfi/Listserv.htm>



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Future Questions

- If questions arise as you are viewing the recording of this presentation, please submit them to Elizabeth Childers at:

ChildEA@dhfs.state.wi.us



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